

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10718143

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1		7				
2			7				
3			1				
4	1						
5	1						
6							
7	1						
8	1						
9							
10	1		2				
11			1				
12	1						
13							
14	1		2				
15	2						
16	3						
17	2						
18	2						
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48							
49							
50							
TOTAL IND.			13				
TOTAL DEP.				1			
TOTAL CLAIMS			94				

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						